

WEST VIRGINIA  
Department of



Bureau for Behavioral Health and Health Facilities

## Announcement of Funding Availability



# Forensic Home to serve Individuals with Intellectual/Developmental Disabilities (I/DD)

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## Proposal Guidance/ Instructions

**Announcement of Funding Availability: AFA-2012-1A-DD**

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
350 Capitol Street, Room 350  
Charleston, WV 25301-3702**

## For Technical Assistance

### Contact

Steve Brady  
at

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**Date of Release: December 11, 2012**

**Application Deadline: February 15, 2013, @ 5:00 PM**

The following is a guide for submitting a proposal to the Bureau for Behavioral Health and Health Facilities. The guide includes general contact information, program information, administrative and fiscal requirements. Please send electronically by email to: [DHHR.BHMF.Grants@wv.gov](mailto:DHHR.BHMF.Grants@wv.gov). \*Note: In the subject line reflect the (AFA) Number (i.e., AFA-2012-1A-DD). Notification that the proposal was received will follow. Paper copies of proposals *will not* be accepted. It is the sole responsibility of the applicant organization to ensure that the proposal is complete and submitted in accordance with the guidance provided in this document. Incomplete proposals or proposals submitted after the application deadline *will not* be reviewed.

### Key Dates and Timeline for Proposal:

Release of AFA	December 11, 2012
Technical Assistance Conference Call	December 17, 2012 2:00 PM- 3:00 PM
Letter of Intent Submission Date	January 16, 2013 5:00 PM COB
Proposal Submission Deadline	February 15, 2013 5:00 PM COB
Notification of Tentative Award to Applicant:	By the close of February 25, 2013

Send application electronically to: [DHHR.BHHF.Grants@wv.gov](mailto:DHHR.BHHF.Grants@wv.gov). **\*Note: In the subject line reflect the AFA Number (i.e., AFA-2012-1A-DD) along with the required documents. Due to the critical review timelines and State fiscal timelines, applications that are incomplete and/or received after the due date set forth above will not be considered for funding.**

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### Technical Assistance Conference Call

BBHFF staff will conduct a technical assistance conference call on **December 17, 2012 2:00 PM - 3:00 PM** to answer any questions regarding this proposal.

Conference Number: (304) 558-6338

Meeting ID: 4775

Meeting Password: 4775

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### **Letter of Intent (Mandatory)**

All organizations planning to submit an application in response to this Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) to the email address. ([DHHR.BHHF.Grants@wv.gov](mailto:DHHR.BHHF.Grants@wv.gov)) by the due date and time set forth above.

**Please reflect in the subject line: Letter of Intent: AFA-2012-1A-DD**

These letters of intent shall serve to document the interest in providing each type of service (AFA) and will not be considered binding until documented receipt of a completed application.

## Section One

### Introduction:

**The West Virginia Bureau for Behavioral Health and Health Facilities (BBHBF) is requesting proposals** for the start-up and operation of one 3-bed 24 hour a day staffed, secure, forensic group home to accommodate a total of 3 **forensic patients** with intellectual/developmental disabilities (I/DD) and possibly co-occurring mental illness/substance abuse disorders with a history of sexually related offenses.

Candidates for placement are exclusively I/DD forensic inpatients with sexually based charges and who have been deemed appropriate for placement in a forensic group home setting by an inpatient treatment team. BBHBF Forensic Director of Services shall refer candidates to provider(s) and final selection will be a joint decision between provider, forensic services, and I/DD services. The goal is to support individuals who are approved by the court system to be transitioned out of the inpatient forensic facilities.

For purposes of this AFA, a 'forensic patient' is defined ***as any defendant adjudicated in a criminal proceeding, found to be either incompetent to stand trial (non-restorable) or not guilty by reason of mental illness, and/or mental retardation as noted in the provisions of WV Code, Chapter 27, Section 27-6A.*** The association between intellectual disabilities, charges of a sexual nature, and interaction with the criminal justice/forensic mental health systems is highly complex. It is not uncommon for forensic patients with intellectual disabilities, with a history of sexual offending behavior, to have additional fire setting behaviors, substance abuse disorders, co-occurring mental illness, and/or high levels of emotional and behavioral difficulties. The expectation is that the forensic group home must be customized to address these highly complex challenging behaviors.

## Section Two

This Announcement of Funding Availability serves to solicit external organizations for proposals of one 3-bed site to serve three individuals with intellectual/developmental disabilities. The group home must have the capacity to provide 24 hours of care, supervision, and treatment for forensic patients on conditional release with developmental disabilities, including those with sexual offending behaviors. In addition, the group home staff shall provide and/or arrange for behavioral health treatment. The DHHR/BBHBF will consider proposals that are tailored to respond to individual treatment needs within the group home setting while ensuring program integrity and effective risk management.

## Section Three

### Needs Determination:

As of May 2012, there were 87 forensic patients at William R. Sharpe, Jr., Hospital, 28 forensic patients at Mildred-Bateman Hospital and 10 forensic patients at River Park Hospital. ~~BBHBF~~, Based on current population and assessment of individual need, the BBHBF has concluded that a number of the I/DD forensic patients could be successfully transitioned to a lesser restrictive environment in the community that provides a cohesive atmosphere of supervision, support, and security.

**Eligibility Criteria for the program are adults who:**

1. The target population to be served is adults who are over the age of 18, are classified as “I/DD forensic” patients at William R. Sharpe Jr. Hospital, Mildred Mitchell Bateman Hospital, or other BBHMF designated inpatient facilities, have a diagnosis of Intellectual/Developmental Disability, and have sexually-based charges. In addition, the resident must meet the following criteria as determined by a treatment team comprised of hospital and community provider representatives:
2. Found clinically stable and no longer needing of hospital level of care.
3. Requires 24 hour supervised care.
4. Determined appropriate to place in a community group home setting
5. Would reasonably benefit from services provided.

**Resident Selection Process:**

Individuals who meet the above stated eligibility criteria will be selected jointly by the person’s hospital treatment team, BBHMF Statewide Forensic Coordinator or designee, identified staff of the applicable forensic group home provider, and BBHMF I/DD Division representative. A Community Placement and Treatment Plan (CPTP) will be developed by the hospital treatment team, forensic group home staff, BBHMF I/DD Division representative, and Statewide Forensic Coordinator or designee. An independent forensic evaluator will complete a dangerousness risk assessment and provide an opinion on the proposed conditional release. If supported by the dangerousness risk assessment, members of the Forensic Services Review Board (FSRB) will make a final recommendation as to proposed placement of the I/DD forensic patient. The court of record will then be approached to provide a court order for conditional release from an inpatient care facility into the group home following the community placement and treatment plan.

**Program Principles:**

The goal of this project is to help individuals with I/DD to maximize their independence in a structured, safe, and secure community-based setting within the confines of a court approved conditional release plan. The program’s philosophy must reflect both public safety and person-centered evidence based approaches, with an emphasis on maximizing independence and, when possible and appropriate, helping these individuals re-integrate into natural community supports. It is recognized that for some residents, the forensic group home placement may be of extended duration.

**Approach to Services:**

1. The organization will ensure that there is adequate staff trained to meet the needs of all residents 24 hours a day. This section must include a description of how staff will be trained and prepared to address sexual offending, fire-setting, and possible aggressive behaviors. All forensic group home staff must be cross-trained and oriented to working with people with intellectual/developmental disabilities and co-occurring serious mental illness, sexual related offenses, and/or substance abuse prior to beginning work at the group home. All forensic group home staff will be trained and have documentation of training initially and annually as mandated by OHFLAC including:
  - Training on treatment policies and procedures, including confidentiality training (HIPPA).

- Training on Consumer Rights.
  - Training on Emergency Procedures, such as crisis intervention and restraints.
  - Training in Emergency Care to include Crisis Plans and Emergency Disaster Plans.
  - Training in Infectious Disease Control
  - Documented training on First Aid by a certified trainer from American Heart Association or American Red Cross to include always having current First Aid certification upon hire and indicated per expiration date on the card.
  - Documented training on Cardiopulmonary Resuscitation (CPR) by a certified trainer from American Heart Association or American Red Cross to include always having current CPR certification upon hire and indicated per expiration date on the card. This training including refresher training must include manual demonstration and be specific to the ages of the residents.
  - Training on resident specific needs to include special needs, judicial, health and behavioral health needs.
  - Training on recognition of documentation of and reporting of suspected abuse/neglect and exploitation, including injuries of unknown origin.
2. All group home staff will have a State level criminal investigation background (CIB) check which includes fingerprints. This check must be conducted initially and again every three years. If the current or prospected employee has lived out of state within the last 5 years, the agency must conduct an additional federal background check utilizing fingerprints through the National Crime Information Database (NCID) upon hire. Providers may do an on-line preliminary check and use these results for a period of three months while waiting for state and/or federal fingerprint results to be received. Providers may only use on-line companies to complete these checks that meet OHFLAC standards. An individual who is employed to provide services cannot be considered to provide services if ever convicted of:
- Abduction
  - Any violent felony crime, including but not limited to rape, sexual assault, homicide, or felonious battery
  - Child/Adult abuse or neglect
  - Crimes which involve exploitation including financial exploitation, of a child or an incapacitated adult
  - Any type of felony battery
  - Felony arson
  - Felony or misdemeanor crime against a child or incapacitated adult which causes harm
  - Felony drug related offenses within the last 10 years
  - Felony DUI within the last 10 years
  - Hate crimes
  - Kidnapping
  - Murder/homicide
  - Neglect or abuse by caregiver
  - Pornography crimes involving children or incapacitated adults, including but not limited to, use of minors in filming sexual explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, legal representative or custodian, depicting a child engaged in sexually explicit conduct.
  - Purchase or sale of a child

- Sexual offenses including but not limited to incest, sexual abuse or indecent exposure
  - Healthcare fraud
  - Felony forgery
  - Other related crimes
3. All group home staff who dispense medication to consumers must be Approved Medication-Assistive Personnel (AMAP) certified and appropriately supervised by an AMAP certified Registered Nurse employed by the forensic group home provider. The trained staff will have evidence of a competency evaluation and approval by an AMAP certified nurse prior to administering medication.
  4. Supervision and monitoring at the group home must be supplemented by mental health, substance abuse services, and other treatment as identified in the Community Placement Treatment Plan (CPTP), applicable court system and/or resident for at least one year or longer per referring treatment hospital. This is to be reevaluated and be continued based on outpatient treatment team recommendations.
  5. Each resident must be assessed for progression of treatment and his or her vocational capabilities on at least an annual basis. When indicated by the assessment, vocational training and supported employment opportunities will be incorporated into the person's Treatment Plan and referrals will be made to Division of Rehabilitation Services (DRS) when warranted.
  6. I/DD residents, who are identified as having sexual disorders with co-occurring mental health or substance abuse, must be referred to support and treatment for both disorders.
  7. Ensure that a comprehensive community based crisis intervention and stabilization plan will be established and fully used to minimize the need for re-hospitalization. Only as a last resort will the BBHMF Statewide Forensic Coordinator contact the court requesting return of a resident back to the hospital. This hospitalization may be for a brief period of no more than thirty days (30) depending upon the resident's needs.
  8. Residents must be offered skill development training to better equip them for living more integrated lives in the community, as appropriate to each person's abilities and psychiatric stability. The housing staff will provide life skills training per assessment to include but not limited to, cooking, household chores, shopping, transportation, socialization, personal hygiene, problem solving, vocational, leisure, social activities, and money management. Residents living in the home are encouraged to share the responsibility for the daily upkeep of the home.
  9. Residents must have a written daily schedule for each day of the week as a part of both their residential and day/vocational services according to the treatment plan. When approved by the applicable court, and when clinically appropriate, residents should be given access to community, cultural, recreational and when desired, spiritual activities.
  10. Treatment Plans are developed on an annual basis using the CPTP as a framework and reviewed by the treatment team on at least a quarterly basis.

11. The provider staff will be responsible for monitoring the presence of all group home residents. If a resident leaves the group home without prior approval, the provider staff will immediately respond by implementing a pre-designed protocol to relocate the resident which must be developed with input from the Statewide Forensic Coordinator, and the court.
12. The program director will be responsible for preparing annual, or as requested, updates to the court that will be signed by the medical director of said provider, and any other documentation requested by the court. The provider staff will collaborate with BBHFF Forensic Services and shall provide documentation and updates as requested.
13. When a resident's end of jurisdiction is within twelve months, the provider will develop a discharge plan to be reviewed and progress submitted on quarterly basis. It will seek and obtain alternative placement based upon the resident's needs and level of function, and the resident will be transferred at the time of that person's end of jurisdiction.
14. House rules need to balance the need to protect the public with ability of each resident to maximize his or her independence within the limits of his or her treatment plan and court-mandated restrictions of all residents living in the home. These rules should address such issues as resident rights and responsibilities, smoking, visitors and community integration, management of resident finances, elopement, and noncompliance with treatment and drug and alcohol screening.
15. The admission and discharge processes need to assure a seamless transition into and out of the program. This section must include a description of how the organization will ensure that residential services are NOT discontinued for any resident until a viable discharge plan that includes the provision of parallel services is in effect.
16. Clinical supervision and population specific training will be ongoing with residential staff, on at least a monthly basis.
17. There must be a backup/emergency staffing plan to ensure that there is adequately trained staff on duty at all times to care for the needs of the residents.
18. When a resident receives medical treatment and/or admitted to community hospital, group home staff will provide 1:1 staff 24 hours a day.
19. All residents will apply for the Title XIX I/DD Waiver Program within 90 days of admittance.

#### **Minimum Staff Requirements:**

The group home shall provide supervision twenty-four (24) hours a day, seven days a week. This service will be directed to forensic residents being discharged from inpatient facilities, who without twenty-four (24) hour care, would be at risk for reoffending, and/or re-hospitalization.

Ensure the ratio of staff to residents is commensurate with the number and needs (including crisis needs) of individuals living in the facility. Minimal staffing needs to include but is not limited to:

1. Two (2) Health Service Workers (HSW) per shift
2. One (1) Registered Nurse (RN)



3. One (1) Program manager with a Master's degree or Bachelor's degree with at least five (5) years of clinical level experience in one or more of the following areas:
  - a. Mental Health
  - b. Sexual Offending Behavior
  - c. Forensic Populations
  - d. Developmental Disabilities

## **Section Four**

### **Allocation and Proposal Information:**

Funding for forensic group homes to serve individuals with Intellectual/Developmental Disabilities will be awarded based on accepted proposals and the demonstrated capacity of the proposal to provide highly complex services to forensic patients with intellectual/developmental disabilities. The total amount of funding available for Forensic Group Home Services is up to \$325,000 per year. In addition to the operational funding provided under the grant award, Room and Board will be allocated from residents' income (if available) at the current rate of \$16.00 a day. All funding will be awarded in proportion to time remaining in the grant period (State Fiscal Year July 1, 2012 through June 30, 2013). In other words, a grant awarded 30 days into the current grants period will be funded at a rate of 11 months/12 months or 92% of the total amount budgeted. The first year of the award may be eligible to receive a portion of the un-awarded first year operational costs (1/12 of the annual budget using the example above) as a one-time infrastructure development or start-up costs. Any start-up costs requested must be submitted on a separate TFB.

The startup funds are available only to help establish the needs of the program for service delivery means and will not include funding for construction of a physical facility.

All renewals are to be awarded on a State Fiscal Year basis for a period of 12 months each. Notifications of intent to continue funding for additional periods will be communicated with an ample amount of time to adjust staffing and business operations as appropriate.

### **Proposal instructions:**

The proposal must be prepared using Microsoft Word, 12-point Arial or Times New Roman font, with one inch (1") margins top, bottom and right. The proposal must be single-spaced and include page numbers at the bottom of each page. All elements of Section Five must be addressed and must be no longer than 8 pages in length; the entire proposal should not exceed 12 pages excluding the required budget documents. When documenting collaborations or partnerships with other organizations who have committed to the proposal, that information may be listed on a single sheet as an attachment and will not count toward page limits set forth herein. Please list full partner information including agency name, address, phone, key contact person, and email address.

## Section Five (up to 70 points)

### Proposal Narrative – Proposals must include the following:

- I. Description of applicant organization to include its mission, history, and evidence of capability to achieve proposed goals.
- II. Detailed description of staffing to include:
  - A. How the organization will provide adequate staff that is cross-trained and oriented to work with people with intellectual disabilities, serious mental illness, sexual disorders, and substance abuse disorders prior to beginning work at the group home. This must include a description of how staff will be trained and prepared to address sexual behaviors, fire setting, and aggressive behaviors.
  - B. How criminal background checks will be completed initially and ongoing.
  - C. A description of the Medication-Assistive Personnel (AMAP) for the group home that encompasses training and supervision of AMAP personnel.
  - D. Specifics of the minimum staffing to be provided by the program. Include any education/credentialing requirements and ratio of staff to residents.
  - E. How clinical supervision will be completed with residential staff.
  - F. Specifics of the backup emergency staffing plan to ensure that there is adequately trained staff on duty at all times to care for the needs of the residents.
  - G. How staff will be responsible for monitoring the presence of all group home residents. Address how a pre-designated protocol will be developed with input from the Statewide Forensic Coordinator, and court to relocate a resident who leaves without prior approval.
- III. Detailed description of the customized forensic group homes to include:
  - A. Specific written house rules that balance the need to protect the public with the ability of each consumer to maximize his or her independence within limits of his or her treatment plan and court-mandated restrictions. Address such issues as resident rights and responsibilities, smoking, visitors, community integration, management of client finances, elopement, and noncompliance with treatment and drug and alcohol screening.
- IV. A detailed program description, including, but not limited to the following:
  - A. Description of both the proposed admission and discharge processes, with an emphasis on how the provider will assure a seamless transition into and out of the program. This section must include a description of how the organization will ensure that residential services are NOT discontinued for any resident until a viable discharge plan that includes the provision of parallel services are in effect.
  - B. Specifics, if necessary, for admitting a resident to an inpatient facility. Include the organization's plan for returning a resident back to the group home following an inpatient stay.
  - C. How the organization will seek and obtain alternative placement based upon the resident's needs and level of function, once a resident's end of jurisdiction draws close. Include the specifics of how the person will be transferred at the time of that person's end of jurisdiction.

- D. How staff secure residential therapeutic milieu will be provided for residents with an I/DD who exhibit challenging behaviors and have been charged with a sexual offense, and may have additional general psychiatric issues.
- E. How the organization will ensure that each I/DD resident, as appropriate to each individual's abilities and psychiatric stability, has opportunities for living a more integrated life in the community, as appropriate to each person's abilities and psychiatric stability. Include the specifics of how individuals who have deficits with activities of daily living and/or instrumental activities of daily living will receive assistance and training.
- F. How, when approved by the applicable court, and when clinically appropriate, the resident's access to community, cultural, work/vocational, recreational, and if desired spiritual activities will be incorporated into the written structured daily schedule for each day of the week.
- G. How supervision and monitoring at the group home will be supplemented with mental health and/or other interventions that will treat sexual and/or substance abuse disorders, as identified as a need by the CPTP, applicable court system.
- H. How I/DD residents with co-occurring mental health, sexual and/or substance abuse disorders will be referred to support and treatment for all relevant disorders, preferably in one integrated program.
- I. How each I/DD resident will be assessed for his or her vocational capabilities. When indicated by the assessment, vocational training and supported employment opportunities will be incorporated into the Treatment Plan.
- J. How required documentation/reports will be submitted to the designated court system and BHHF Forensic Services.

### **Section Six (up to 20 points)**

#### **Expected Outcome/Products:**

- I. Provide a plan to track and document the following performance measures:
  - A. Number of referrals received by referral source, funding source, with disposition (accepted or unable to accept with reason). Include a detailed reason if a bed is available and candidate is not accepted.
  - B. Admission and Discharge date for each resident. For discharges, include details regarding placement and follow-up services.
  - C. Daily bed count with resident identifying information.
  - D. The type and nature of services provided to each individual.
  - E. Annual report on individual's progress towards discharge which will include but is not limited to:
    - 1. Counseling/Psychiatric/Psychological Services
    - 2. Life Skills Training
    - 3. Vocational training
    - 4. Socialization training
  - F. Number of residents with involuntary psychiatric hospitalizations each quarter.
  - G. Number and description of adverse incidents within the community per resident.
  - H. Number and description of any restraints per resident.
- II. Provide a plan for submitting ongoing cumulative data to the Bureau for Behavioral Health & Health Facilities within 30 days of the end of the quarterly reporting period.

## **Section Seven (up to 10 points)**

### **Budget/Budget Narrative:**

- I. Provide a proposed 2013 Target Funding Budget (TFB) with details by line item. (Form on website listed below)
- II. Provide a budget narrative with specific details on how funds are to be expended. (Form on website listed below)
- III. Provide a description of any potential for other funds or in kind support. Provide in narrative format.
- IV. Clearly define startup costs and/or expenses associated with project. These funds are not to include costs related to construction of a facility.

**Forms can be located at the following website:**

<http://www.dhhr.wv.gov/bhhf/resources/Pages/FinancialResources.aspx>